POSITION	INITIALS	ID NO.	DATE					
FEE DETERMINATION	Trans of	<del></del> -,	07-17-01					
O.I.P.E. CLASSIFIER	1	-/2	2/3/3/					
FORMALITY REVIEW	MM	920	60-74-01					
RESPONSE FORMALITY REVIEW	5(-	1077	11/15/0)					

## **INDEX OF CLAIMS**

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
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If more than 150 claims or 10 actions staple additional sheet here

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